U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2008

This report is mandatory under Pit. 88-257 as amended Fallure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U.S.C. 439 or 440

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9644	2 Fiscal Year Covered From				
	1 / 1 / 2004 Through 12 / 32 / 2004				
3 Name and address of person filing	4 Name file number and address of labor organization.				
Name GARY I YOUNG	Name PLUMBERS LOCAL 98				
	Labor Organization File Number 005 131				
PO Box Blog Room No If any	P O Box Building and Room Number If any				
Street 555 HORACE BROWN DRIVE	Street 555 Horace Brown Drive				
Cily MADISON HEIGHTS	CNy Madison Reights				
State Machagan ZIP Code + 4 48071	State Michigan ZIP Code + 4 48071				
3 Post on in labor organization BUSINESS MANAGER					
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as openited in the exclusions set forth in the instructions)					
A Held an interest in engaged in transactions (including loans) with or monetary value from an employee whose employees your organizat	derived income or other economic benefit of ion represent.				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income				
Name					
Trade Name If any					
PO Box Bidg Room No If any					
	7 b Amount				
Street					
Cny)				
State ZIP Code + 4					
Signature					
15. Signature and varification. The undersigned declare under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including this information contained in any accompanying documents), has been examined by the signatury and is to the best of the undersigned a phowledge and belief true correct, and complete (See the section on panalties in the instructions.)					
Signed SIMA ALAMA	On 08/11/2005 248-307 9800				
	Date Telephone Number				
	——————————————————————————————————————				

Name of Person Filing GARY YOUNG	File Number U-				
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of cuying from setting or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or setting or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8 Name and address of Business (Instuding trade name of any) Name Plumbers Local 98 Trade Name of any Plumber P O Box Bidg Room No of any Street 555 Horace Brown Drive City Madinon Heights State Michigan Zip Code + 4 48071 10 If 9 b or 9 c is checked give trust or employer's name Name Plumbers Local 98 Insurance Trust Pund Trade Name of any Plumber	9 Business deals with a Labor Organization b. Trust c. Employer 11 a Nature of such dealing TRUSTEE WITH TRUST BENEFITS RECEIVED INSURANCE BENEFITS				
PO Box Bidg Room No if any Street 30700 NORTHWESTERN HWY City Bingham Farms State Machagan ZIP Code + 4 48025	11.b Approximate dollar value of such dealing \$9 106 12 a Nature of interest held or income received				
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name BOYD WATERSON	14.8 Nature of payment GOLF OUTING WITH DISCUSSION OF PENSION PLAN PROBLEMS				
Trade Name if any: PO Box Bldg Room No if any SUITE 1400 Street 1801 E NINTH ST City CLEVELAND State Ohio ZIP Code +4 44114 3179	TO THE BEST OF MY KNOWLEDGE THIS IS ALL THAT I CAN RECALL REGARDING MY ACTIVITIES FOR THE GIVEN PERIOD IF ANYTHING FURTHER COMES TO MY ATTENTION I WILL AMMEND THIS FILING				
13 b is the Business on Employer or Consultant 7	14 b. Amount of payment \$60				

Name of Person Filing GARY YOUNG	File Number U-	
HENRY OF BROWN WING GART TOUNG	 	

Part B Continuation Page

B. Hold an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is activaly seaking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (Including trade name If any)	9 Business deals with	
Name PLUMBERS LOCAL 98 VACATION AND HOLIDAY FUND	a Labor Organ zehon	
Trade Name if any]	
PO Box Bidg Room No if any	b Trust	
Street 30700 TELEGRAPH RI	C Employer	
City Bingham Farms		
Siele Michigan ZIP Code + 4 48025		
10 If 9 b or 9.c. is checked give trust or employer's name	11 a Nature of such dealing	
Náma	TRUSTEE WITH TRUST BENEFITS RECEIVED VACATION AND HOLIDAY BENEFITS	
Trade Name If any		
PO Box Bldg Room No of arry		
Streat		
City		
State ZtP Code + 4	11 b Approximate dollar value of such dealing \$2 960	
	12 a Nature of interest held or income received	
	12 b Amount	